Naloxone:

Jefferson County's Experience & the Importance of Improving Access

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Naloxone Treatment

Reverses effects of opioid overdose (May cause withdrawal symptoms)

❖ Works within 2 − 5 minutes

Can be given as injection, nasal spray or IV

National Bureau of Economic Research (NBER) Study:

Improving access to naloxone is linked to a 9 to 11 percent reduction in opioid-related deaths.

Daniel I. Rees, Joseph J. Sabia, Laura M. Argys, Joshua Latshaw, Dhaval Dave. "With a Little Help from My Friends: The Effects of Naloxone Access and Good Samaritan Laws on Opioid-Related Deaths" DNBER Working Paper No. 23171; Issued in February 2017

Objection to naloxone access/distribution: Doesn't it give heroin users a license to use even more?

General consensus and some research evidence: This does NOT lead to increased opioid use, and may lead to decreased use.

People with opioid dependence do NOT want to go into withdrawal!

Evidence: Naloxone Paired with Training



- Prospective, pilot study in San Francisco
- 24 IDUs (12 pairs of injection partners)
- Followed for 6 months
- Participants witnessed 20 heroin overdose events
- ❖ Administered naloxone or CPR in 19 (95%):
 - performed CPR in 16 (80%),
 - administered naloxone in 15 (75%)
- **❖** ZERO deaths
- Heroin use decreased

Seal KH, Thawley R, Gee L, et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. J Urban Health. 2005 Jun; 82(2):303–311.

Data: Naloxone Paired with Training



- Los Angeles "Skid Row" injection drug users mostly homeless or in shelters
- One-hour training: overdose prevention and recognition; calling 911; rescue breathing
- ❖ 93 IDUs were trained. Of those, 66 (71%) enrolled in evaluation study and 47 participants (71%) completed interview at baseline and 3-month follow-up.
- 22 participants responded to 35 overdoses: 26 overdose victims recovered, 4 died, 5 with unknown outcome.
- Participants reported decreased personal drug use

Wagner KD, Valente TW, Casanova M, et al. Evaluation of an overdose prevention and response training programme for injection drug users in the Skid Row area of Los Angeles, CA. Int J Drug Policy. 2010 May;21(3):186–193.

2015: New Legislation in Alabama

"911 Good Samaritan Bill"

- Immunity to prescribers of naloxone (Opioid Antidote
- Immunity to pharmacists who dispense
- Immunity to those who assist overdose victims of administer naloxone
- Law Enforcement Training
- Limited immunity to 911 Caller

Generic Injectable Naloxone



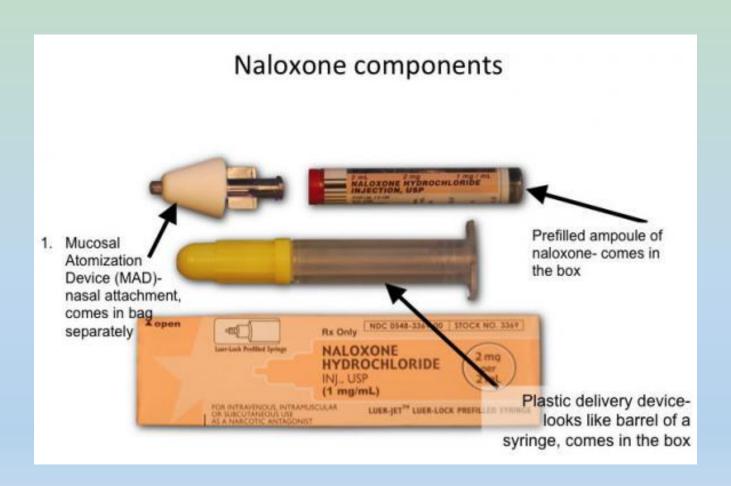
- Relatively inexpensive (\$30-50 range)
- 0.4mg IntramuscularInjection
- Medicine must be drawn up during event
- Risk of needle stick

Naloxone Auto-injector (Evzio)



- Easy to administer
- No risk of needle stick
- Voice Instructions
- **❖** VERY Expensive: > \$2000.00
- Limited grants available for public agencies

Generic Naloxone Nasal Spray



- Relatively inexpensive (\$35-55 range)
- Atomizer may require separate purchase
- No risk of needle stick
- Assembly required during event

Narcan Nasal Spray (Brandname)



- Easy to administer
- No risk of needle stick
- ❖4mg dose
- Reasonably priced:
- \$150 retail
- \$75 for public health agency

Naloxone Kit



CONTENTS:

- Narcan Nasal
 Spray (2 doses)
- **A** Basic Instructions
- Mouth Shield for resuscitation
- Number to call and report if used

Standing Orders for Naloxone

- The State Health Officer has posted on the Alabama Department of Health website (ADPH.org) signed standing orders for any willing pharmacy in Alabama Covers all four forms of currently available naloxone
- ❖ By law, pharmacist must provide basic instruction
- Clients must sign a form attesting to their need for naloxone and their receipt of instructions
- Pharmacist must keep record of all clients who have received naloxone via this standing order

Discussion?